

## Office of Congressman Ron Lewis

## Congressional Internship Program

Name:	Date:
PERSONAL INFORMATION	
Parents' Names:	
Iome Address:	
Iome Phone:	Age:
CHOOL INFORMATION	
Jame of School:	
chool Address:	· ·
School Phone:	Year in School:
G.P.A.: Major:	

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Honors and Activities:				
				: .
Previous Employment:				
Available Dates:				
(Summer [June, July, August]; Fall or	r Spring Sea	mesters)		
Preferred Internship Location: ( ) Washington ( ) Elizabethtown (	) Bowling	Green ()	Owensboro	
Other Requirements: (1) Three letters of recommendation (2) A recent writing sample				
(3) A one to two page essay on the im	portance of	representat	ive democra	су

(4) Any additional pertinent information about yourself or your interests